“By joining the group and attending all kinds of meetings in different places, we have learnt how to get our work done. Our strength has increased. We know how to make our voice heard. Ab haemin lagne lagaa hai ki hum auratein bhi milkar naya mukaam haasil kar sakte hain (Now, we women through our joint efforts can soar to new heights)”. (SHG women during a focus group discussion)

July 2013

Research Team

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Acknowledgements

This qualitative research was conducted as part of the UPBCM project funded by the Bill & Melinda Gates Foundation. The research team thank the SHG women, their husbands and other community members for their support in conducting this useful community-based research.

The researchers are also thankful to RGMVP field staff for their support in conducting this research. Thanks are due to the colleagues at PHFI and UPBCM project consortium partners – RGMVP, Community Empowerment Lab, Population Council, and Boston University – for their valuable feedback to fine-tune this report.
List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AAA</td>
<td>ANM, ASHA, AWW</td>
</tr>
<tr>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
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<tr>
<td>AWW</td>
<td>Anganwadi Worker</td>
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<tr>
<td>BCM</td>
<td>Behaviour Change Management</td>
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<tr>
<td>BO</td>
<td>Block Organization</td>
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<tr>
<td>CCL</td>
<td>Cash Credit Limit</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
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<tr>
<td>NGO</td>
<td>Non-governmental Organization</td>
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<tr>
<td>PHC</td>
<td>Primary Health Center</td>
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<tr>
<td>PHFI</td>
<td>Public Health Foundation of India</td>
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<tr>
<td>PRI</td>
<td>Panchayat Raj Institution</td>
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<tr>
<td>RGMVP</td>
<td>Rajiv Gandhi Mahila Vikas Pariyojana</td>
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<tr>
<td>SHG</td>
<td>Self-Help Group</td>
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<tr>
<td>UP</td>
<td>Uttar Pradesh</td>
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<tr>
<td>UPBCM</td>
<td>Uttar Pradesh Behaviour Change Management Project</td>
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<tr>
<td>VHSNC</td>
<td>Village Health Sanitation and Nutrition Committee</td>
</tr>
</tbody>
</table>
# Table of Contents

Executive Summary 6

**Chapter I**
Introduction 7

1.1 Emergence of SHG movement in India 7
1.2 RGMVP’s Social Platforms 8
1.3 The Research Context 9

**Chapter II**
Understanding the concept of Women’s Empowerment 11

2.1 Concept of Women’s Empowerment 11
2.2 Components of Empowerment 12

**Chapter III**
Study Design 15

3.1 Purpose 15
3.2 Study Objectives 15
3.3 Scope 17
3.4 Tools used to capture the information 17
3.5 Sample Size 18

**Chapter IV**
Findings of the Study 21

4.1 Findings 21
4.1.1 SHG members – Profile of the respondents 21
4.1.2 Thematic analysis 24

1. Quality of SHGs 25
2. Empowerment processes 28
3. Equity & Gender roles 39
4. Management and Leadership skills 43
5. Linkages with the community structures – PRI, AAA, VHSNC 44
6. Community’s perception 45
Chapter V
Summary & Recommendations 46

5.1 Summary 46

5.1.1 SHGs 46

5.1.2 VOs & BOs 47

5.1.3 Role in maternal and newborn health 47

5.2 Suggestions/Recommendations to strengthen the social platforms 48

5.3 Programmatic Recommendations 49

List of Figures

Figure 1.1 Social Platforms 9
Figure 4 SHG process diagram 21
Figure 4.1 Reasons for joining the SHG 23
Figure 4.2 Member influenced the respondent to join the SHG 23
Figure 4.3 Components of empowerment 29
Figure 4.4 Read newspaper, listen radio, watch TV 31
Figure 4.5 Conceptual diagram showing the process of empowerment 38
Figure 4.6 Spiral diagram showing the position of women before and after Joining the SHG 39

List of Tables

Table 3.1 Sample unit & selection criteria 19
Table 3.2 Details of the sample 20
Table 4.1 Age of the SHG women 22
Table 4.2 Educational status 22
Table 4.3 Marital status 23
Table 4.4 Ownership of the house 40
Table 4.5 Status in the family 41
Table 4.6 Having land in their name 41
Table 4.7 Having personal savings bank account 41
Executive Summary

This paper attempts to establish whether and to what extent membership in self-help groups (SHGs) and the consequent involvement in the various activities of the group have an impact on the social status and empowerment of the women members. SHGs are instruments for a variety of goals including empowering women and developing leadership abilities among poor women. SHGs create opportunities for women to enhance their participation in social and economic development at individual, family, and community level. Specifically, the study explores the context within which empowerment of SHG women is taking place. Within this context, the prominent meanings attributed to empowerment include structural access, a sense of self-worth, self-acceptance, voice, social acceptance, collectivization, and self-reliance.

The study used focus group discussions (FGDs), in-depth interviews, observations and informal discussions to examine empowerment and related processes that brought changes ‘within’ in the context of social platforms. The study found that the context within which the SHGs emerge consists of the interrelated factors of poverty, gender inequality and social and economic deprivation. The SHG is a change agent for rural poor women as the approach combines access to low-cost financial services with a process of self-management and development for the women who are SHG members.

RGMVP enacts a number of processes including collectivization, capacity building, and leadership opportunities to support SHG women in social mobilization and encourages them to take up advocacy activities to access their rights and entitlements. The overarching role played by RGMVP is in creating "communicative spaces" for women from marginalized communities. Participation in SHG has resulted in the individual development and growth of a woman by increasing the following:

- her influence in decision making in the household
- her mobility and interactions with other members of her group and community
- her awareness and knowledge of various social, economic and health issues

Access to credit is helping in expansion of material base of women by enabling them to engage in income generation; the women also experienced the ‘power within’ feelings of freedom, strength, and self identity which increases their levels of confidence and self-esteem. Besides, these self improvement features, involvement in SHGs enables women to have a voice in the community affairs and they have been able to tackle problems such as lack of drinking water and electricity and access to health services, and children’s education. However, gender discrimination is most deeply entrenched in the family, evident in attitudes towards the gender-based division of work, roles and responsibilities as well as the issues of ownership and inheritance of land.

Women involved in SHG developed motivation that led to a stronger personal identity and self worth. Long-term association also provided the member a chance to give back, to help others, and to acquire leadership skills. It gave the members new opportunities for achieving self-growth, increasing self-esteem, contributing to the community and acquiring a sense of purpose. Women found a new individuality through the self-help groups.

Finally, the study concludes that the social platforms have a huge potential to change the social norms at the community level as SHG processes are leading to empowerment of women. However, some SHGs are in nascent stage; intensive operations are required to gradually take them on par with the other SHGs. The results of the study are presented in a manner that describes ‘what is really happening’ and how the SHG is becoming a ‘change agent’ in the lives of poor women.
Chapter I
Introduction

1.1 Emergence of SHG movement in India

While no definitive date has been determined for the actual conception and propagation of Self-Help Groups (SHGs), the practice of small groups of rural and urban people bonding together to form a savings and credit organization is well established in India. In the early stages, NGOs played a pivotal role in innovating the SHG model and in implementing the model to develop the process fully. In the 1980s, policy makers took notice and worked with development organizations and bankers to discuss the possibility of promoting these savings and credit groups. Their efforts and the simplicity of SHGs helped to spread the movement across the country. State governments established revolving loan funds that were used to fund SHGs. In India, women’s SHGs play a major role in poverty reduction and women’s empowerment through financial inclusion. Although SHGs emerged initially as a result of the failure of mainstream institutions to reach the poor and women, who form a significant percentage of the population, they are now seen as mainstream institutions.

A Self-Help Group is a group of about 10 to 20 people, usually women, having homogenous social and economic backgrounds, all voluntarily coming together to save regular small sums of money, mutually agreeing to contribute to a common fund and to meet their emergency needs on the basis of mutual help. They pool their resources to become financially stable, taking loans from the money collected by that group and by making everybody in that group self-employed. The group members use collective wisdom and “peer pressure” to ensure proper end use of credit and timely repayment. This process creates an ethic that focuses on savings first. The setting of terms and conditions and accounting of the loan are done in the group by designated members. Today, it is estimated that there are at least over two million SHGs in India. In many Indian states, SHGs are networking themselves into federations to achieve institutional and financial sustainability. Cumulatively, 1.6 million SHGs have been bank-linked with cumulative loans of Rs. 69 billion.

By the 1990s, SHGs were viewed by state governments and NGOs to be more than just a financial intermediation but as a common interest group, working on other concerns as well. The agenda of SHGs now included social and political issues also.

The spread of SHGs led also to the formation of SHG Federations, which are a more sophisticated form of organization that involve several SHGs forming into Village Organizations (VO) or Cluster Federations and then ultimately into higher-level federations (called as Mandal Samakhyta (MS) in AP or Block Level Associations (BLA/BO or SHG Federation generally). SHG Federations are formal institutions while the SHGs are informal. Many of these SHG federations are registered as societies, mutual benefit trusts and mutually aided cooperative societies. SHG Federations resulted in several key benefits including:

- Stronger political and advocacy capabilities
- Sharing of knowledge and experiences
- Economies of scale
- Access to greater capital

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1 C S Reddy. 2007. SHG Federations in India, APMAS (Andhra Pradesh Mahilabhivridhi Samstha, A national level NGO).
The formation of common-interest groups consisting primarily of women has had a substantial impact on their lives. The impact of SHGs on women’s empowerment and social security has been invariably an improvement from the status quo. The status of women has generally improved as they have developed greater confidence which has changed gender dynamics and their role in the household. In south India, significant decline in fertility rates, improved female literacy, participation in development programmes and economic independence are evident. Women are able to fight for their rights and entitlements and have emerged as a force to be reckoned with.

1.2 RGMVP’s Social Platforms

Rajiv Gandhi Mahila Vikas Pariyojana (RGMVP) is a rights-based organization that works for poverty reduction, women’s empowerment and rural development in Uttar Pradesh. With the belief that the poor have a strong desire and innate ability to overcome poverty, RGMVP organizes poor rural women into community institutions in the form of Self-Help Groups, consisting of 10-20 women, that act as social platforms to address issues of financial inclusion, health-care, livelihoods, education and the environment.

Members make small regular savings over a few months until there is enough capital in the group to begin internal lending. Funds are then lent to members at times of need or to start livelihood initiatives. After sufficient savings, SHGs are linked to banks to access micro-credit.

RGMVP has been consciously organizing the poor and building their own institutions to enable them to overcome poverty and channelize their collective strength to access information, services and entitlements. These institutions act as a systemic interface between poor people and development initiatives, where women-to-women and community-to-community learning takes place on multiple fronts and a number of programmes and initiatives can be carried out.

These institutions, imbued with the values of collective ownership, efficiency, equality, transparency and a strong sense of voluntary spirit, are organized in the following three tiers:

- Self-Help Groups (SHGs)
- Village Organizations (VOs)
- Block Organizations (BOs).

An SHG usually consists of 10–20 poor women, typically from similar socio-economic backgrounds. All SHGs mobilized at the village level are federated into Village Organizations (VOs), representing 150 to 250 poor families drawn from 10 to 20 SHGs. The VOs in turn are federated into Block Organizations (BOs) representing 5,000 to 7,000 women.

Based out of Rae Bareli, RGMVP has reached (as of March 2013) out to over 1 million poor households in 204 blocks of 41 districts in the most backward and poverty-stricken regions of Uttar Pradesh.

The three-tier structure of RGMVP’s social platform is shown in the below diagram.

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5 About RGMVP - [http://www.rgmvp.org/about.asp?lk=ab1](http://www.rgmvp.org/about.asp?lk=ab1)
1.3 The Research Context

The maternal and neonatal mortality is high in the State of Uttar Pradesh. With a population of about 200 million, UP is the most populous state in India (17 percent of India’s population) and equivalent to the fifth most populous country in the world. It is one of the most backward Indian states, plagued by various developmental problems, including low literacy, high inequities in caste, class and gender, and poor health systems. With 21 percent of annual birth cohort, UP has disproportionate 28 percent of neonatal deaths and 35 percent of maternal deaths in the country, almost 10 percent of the global burden. Thus, progress in reducing maternal and neonatal mortality can contribute significantly to meeting the Millennium Development Goals.

Despite proven family health interventions for reducing neonatal mortality and improving maternal and child health, there is a dearth of scalable community-based demand-side approaches that can take these interventions to scale, thereby ensuring a rapid and sustainable impact on family health outcomes. The self-help group (SHG) model is a promising institutionalized and scalable demand-side social platform (or ‘Operating System’) for scaling up family health interventions.

RGMVP, promoted by the Rajiv Gandhi Charitable Trust, has developed a rapidly scalable federated SHG model that can serve as an operating system on which family health interventions can be layered. This model holds tremendous promise as a platform for community mobilization to expedite changes in family health behaviors and social norms, as well as establish strong linkages with the health system at a local level to improve access of health services.

The Public Health Foundation of India (PHFI) is a lead agency to implement “Community Mobilization and Behaviour Change Management” project to develop and scale up a package of family health interventions using the behavior change management approach through social platforms comprising an institutionalized self-help group model in Uttar Pradesh towards reducing neonatal mortality rate and improving family health behaviors.
The project is funded by The Bill & Melinda Gates Foundation and implemented by a consortium of partners that include Rajiv Gandhi Charitable Trust, Community Empowerment Lab, Population Council, and Boston University.

The community mobilization project will be implemented in a phase-wise manner:

- Learning Phase
- Scale Up Phase I
- Scale Up Phase II

The learning phase has several preparatory activities to be carried out; analysing the social platforms is one of the activities to develop a comprehensive capacity building plan to implement the community mobilization and behaviour change management project.

The present study seeks to explore the impact of participation in Self-Help Groups on the empowerment of women in the context of the great importance being given to the group approach while conceptualizing the “Community Mobilization and Behaviour Change Management” project. The study is conducted in the Bundelkhand, Eastern and Central regions of Uttar Pradesh, a state with poor development indicators. The Eastern region is the least developed region followed by Bundelkhand; the Central region is moderately developed. The study used Focus Group Discussions, in-depth interviews, and informal discussions to give a voice to women’s perspective.

This research study is organized as follows:

- Chapter II provides insight into the concept of empowerment; special attention has been given to understand the components of empowerment.
- Chapter III delineates the methodology used in the study.
- Chapter IV provides interpretation of the data and explores whether and to what extent membership in self-help groups and the SHG women’s consequent involvement in the various activities of the group have an impact on the social status and empowerment of the women.
- Finally, Chapter V offers some overarching suggestions to strengthen the social platforms and programmatic recommendations to consider for future work.

In addition to the information reported in the form of text, tables, illustrations and graphs, case studies and quotes from SHG women are presented throughout the report to highlight the experiences, views, opinions and perspectives of the SHG women.
Chapter II

Understanding the Concept of Women’s Empowerment

2.1 Concept of Women’s Empowerment

To understand the complexity of women empowerment and its different aspects, one has first to look at the existent definitions of the concept and how it was measured.

One of the first systematic interpretations of this concept is found in the technical literature of the Human Development Report (HDR) where it is referred to as the Gender Empowerment Measure (GEM). The GEM uses parameters constructed explicitly to measure the relative empowerment of women and men in political and economic spheres of society⁶.

What do we mean by empowerment? When does the well-being of a person improve? Nobel laureate Amartya Sen (1993) explains that the freedom to lead different types of life is reflected in the person’s capability set. The capability of a person depends on a variety of factors, including personal characteristics and social arrangements. However, the full accounting of individual freedom goes beyond the capabilities of personal living. For example, if we do not have the courage to choose to live in a particular way, even though we could live that way if we so chose, can it be said that we do have the freedom to live that way, i.e. the corresponding capability? Another important point made by Sen (1990) is that for measuring one should focus on certain universally-valued functioning, which relate to the basic fundamentals of survival and well-being regardless of context. Taking the example of universally valued functioning like proper nourishment, good health and shelter, Sen asserts that if there are systematic gender differences in these very basic functioning achievements, they can be taken as an evidence of inequalities in underlying capabilities rather than differences in preferences⁷.

Mayoux (1998) suggests empowerment is a process of internal change, or power within, augmentation of capabilities, or power to, and collective mobilization of women, and when possible men, or power with, to the purpose of questioning and changing the subordination connected with gender, or power over (Changing the underlying inequalities in power and resources which constrain women’s aspirations and their ability to achieve them). Empowerment can range from personal empowerment that can exist within the existing social order. Thus this kind of empowerment would correspond to the right to make one’s own choices, to increased autonomy and to control over economic resources. But self-confidence and self-esteem also play an essential role in change⁸. Empowerment signifies increased participation in decision-making and it is this process through which people feel themselves to be capable of making decisions and have the right to do so (Kabeer, 2001)⁹. Personal empowerment can lead to changes in existing institutions and norms, however, without the collective empowerment the personal empowerment and choices are limited, as Sen explains.

The World Bank defines empowerment as “the process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes. Central to this process is actions which both build individual and collective assets, and improves the efficiency and fairness of the organizational and institutional

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context which govern the use of these assets"\textsuperscript{10}. Thus, as the World Bank (2001) report confirms societies that discriminate on the basis of gender pays the cost of greater poverty, slower economic growth, weaker governance and a lower living standard of their people. The World Bank also identifies four key elements of empowerment to draft institutional reforms:

- access to information
- inclusion and participation
- accountability
- local organisational capacity\textsuperscript{11}.

However, for the present study, empowerment has been defined differently for the following reasons:

- Here, the study looked at empowerment in the limited context of a woman’s membership of the SHG and not the larger context of her being a member of the society. The change of context also entails a change in indicators used. For example, when speaking at the level of the entire society, the indicator of political power is the women’s percentage share in parliamentary seats whereas at the level of a SHG, the participation in local rural polity is more relevant.

- The above also implies that we are essentially talking about women hailing from the lowest rung of the society and a fairly predictable range of occupational categories, and not from a wide range of socioeconomic strata.

The components of the process of empowerment that were explored in this study are discussed below.

\textbf{2.2 Components of Empowerment}

John Snow International researchers identified six general areas or domains in which empowerment of women is believed to be taking place as a result of Grameen Bank, BRAC and other credit programs:

- a sense of self and vision of a future
- mobility and visibility
- economic security
- status and decision-making power within the household
- ability to interact effectively in the public sphere
- participation in non-family groups.

Thus, their concept of empowerment can be looked at in a behavioural sense as the ability to take effective action (Snow, 1990)\textsuperscript{12}. According to a study conducted by MYRADA on Impact of Self-Help Groups (Group Processes) on the Social/Empowerment status of women members in Southern India, empowerment, in the context of an SHG member, can be seen as having the following six components. Out of these, components 1, 2 and 3 deal with various aspects of decision-making while components 1 and 4 are related to the

\textsuperscript{10} Social capital, empowerment and community driven development at http://info.worldbank.org/etools/bspan/PresentationView.asp?PID=936&EID=482


woman’s role in the decisions about the issues and activities arising within the household; component 3 is related to her role in the socio-political environment\textsuperscript{13}.

1. **Influence over economic resources of the family and participation in economic decision-making**: In the rural households of India, the economic resources and the discretion to utilize them are usually concentrated in the hands of male members. This concentration of economic power is one of the key reasons for the low prestige and weak bargaining position of women in the family.

A woman member’s influence over the household’s economic resources has been defined here as her participation in and her ability to influence the decisions on:

- The purpose of loans taken in SHGs
- House improvement or asset development, roof repairing and so on
- Purchase of durables and occupational assets such as livestock, farm machinery
- Occupational issues such as where to buy the seeds (if the household is mainly engaged in agriculture) or other farm inputs to use.

2. **Influence on her own development as an individual**: Self-development relates to the growth of the personality of the member through getting involved in better-paying professions or getting educated further. The latter is especially important since rural women, right from the time when they are young girls, are denied the opportunities to go to school.

A woman member’s influence over her own growth as an individual has been defined here as her ability to

a. **Her professional status**: Whether she has the freedom to decide to start her own micro-enterprise, income generating activity and so on.

b. **Her educational attainment**: Whether she has the freedom to join an adult learning program (if illiterate) or add to her existing educational status (if literate).

3. **Participation in local polity and in socio-political decision-making**: Here, we have concentrated only on the individual member’s participation in the local polity and in the community-level decision-making and not on the ability of the group as a whole. At the group level, the aspects of influential power are different, such as how many SHGs have initiated, planned and implemented community or village development programs, how many have been approached by other groups in the community or village to help solve social problems.

A woman member’s influence over local polity/ participation in socio-political decision-making has been defined here as her involvement/ participation in:

- The formation of the SHG (if she is one of its founder members) or in the expansion of its membership base (if she joined later).
- The SHG meetings and its political activities (such as elections) and commercial activities (such as interaction with the banks, RGMVP, other SHGs).
- The meetings of village panchayat or grama sabha, etc. to present an issue concerning the village community.
- The Parliamentary or State elections as a voter.
- The panchayat elections as a voter or candidate.

\textsuperscript{13} Myrada, 2002 - Impact of Self Help Groups (Group Processes) on the Social/Empowerment status of Women members in South India, Paper presented at the Seminar on SHG-bank Linkage Programme at New Delhi
4. **Influence over other decisions pertaining to general welfare of the family:** SHG member women usually have an important role to play in caring for other members, especially for the elderly and the children in their capacity as mothers, daughters, elder sisters, wives and daughters-in-law. This “reproductive” role is to be played in addition to the “productive” role they play in the agricultural farms, milching the cows, and poultry farms. However, while playing this role, the importance and the decision-making power that they get may not be quite in keeping with the huge demands this role makes on their time and energy. In this component, we looked at the aspects of this power in detail.

A woman member’s influence over other decisions pertaining to general welfare of the family has been defined here as her participation in or influence on the following decisions:

- **With respect to all members:** Which doctor or health facility to consult, whether or not to use birth spacing methods and so on.
- **With respect to children only:** Whether the children, especially the girl child, should be sent to school, whether to send the young children to the village *anganwadi*, what kind of food should the child eat and so on.

5. **Increased interactions with other members of her group and community:** In the rural society, the traditional sources of one’s social influence and respect have been caste, age, economic and social status. In an environment where the SHGs have been active for some time, some more parameters likely to contribute to a woman’s social prestige and her influence over others come into the picture. For instance, by virtue of her being the leader of a successful SHG, which has substantially changed the living standards of its members, other women in the community may view the SHG leader as someone who is important and instrumental in affecting greater changes in the community.

Influential power is the ability to affect or change a given situation through one’s actions and influence. This includes the ability to influence the behaviour of others. The SHG member’s influential power can be defined as her ability to influence the behaviour of others (for example other members of her group/ other women, or even men, in the community) by being a guide or counsellor to those who may seek her advice and guidance on matters of personal or group interest. This power determines whether she can be seen as or can grow to be an opinion leader within her community.

6. **Improvement in the technical and managerial skills of the member:** SHG members usually come from households engaged in agriculture and other primary sector activities. As members, they are often introduced to skills of a more technical nature, for example, applying new technologies in agriculture, managing a poultry farm. Such activities allow them to have an alternative occupation, which they as well as the rest of the household can depend upon in times of agricultural crises triggered by bad monsoons, and so on.

A skill is a specific ability to do something well. These abilities may be practical, technical or managerial. In the context of this study, a woman member’s technical and managerial skills were taken to consist of skills learnt:

- To take up certain on-farm or non-farm income generating activities under the auspices of the SHG
- To moderate an SHG meeting successfully
- To resolve conflicts among the SHG members
Chapter III

Study Design

Several field visits were undertaken by the PHFI team prior to designing the proposed study to understand the structure and functioning of the social platforms in various learning phase districts such as Rae Bareli, Sultanpur, CSM Nagar, Jhansi, and Mirzapur. The team had realized that variations exist in the performance and functioning of the social platforms based on the geographical location, age and maturity of the SHGs. The lessons learned from the field visits have been incorporated in the study design especially to frame the objectives in order to make the study findings useful to plan capacity building activities including trainings to build the skills and capacities of the social platforms thereby improving the family health behaviors through behavior change management.

3.1 Purpose

The purpose of the study is two-fold:

1. To support RGMVP to build the capacities of social platforms to effectively implement the community mobilization and behavior change management project

2. To support RGMVP to guide the social platforms to develop linkages with the communities and the community structures such as PRI, AAA, and VHSNC to reach out to the non-members and to sustain the programme efforts.

3.2 Study Objectives

The overall objective of the study is to analyze the organisational, management and leadership skills of the RGMVP’s social platforms with a view to strengthening long-term capacity to implement the community mobilisation and behaviour change management project in Uttar Pradesh.

The specific objectives of the study are:

A. **Functioning of the Social Platforms**

A1. To understand the practices and processes of the SHGs that promotes the empowerment process

A2. To understand management skills, assertiveness and gender roles within the SHG, VO, and BLA

A3. To understand the current role of the VO and BLA in strengthening SHGs

A4. To understand the linkages social platforms at various levels have with community structures such as PRI, AAA and VHSNC

B. **Community perception of the SHGs**

B1. To understand the perceptions that the community and family members have of the SHGs and their impact on the household decision-making of family health behaviours
The above specific objectives were studied using different parameters that are given below. These parameters help to measure the quality and empowerment of SHGs through various practices and processes followed by them; to measure equity, gender roles, management and leadership skills and assertiveness of the SHG members and to measure community’s perception and linkages with the community structures.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Functioning of Social Platforms</th>
<th>Parameters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Quality of SHGs</td>
<td>Time spent in SHG meetings; frequency of the meetings; setting the agenda; issues discussed in the meetings; recording the minutes; availability of records and registers etc.</td>
</tr>
<tr>
<td>2</td>
<td>Empowerment processes</td>
<td>Influence on self-development after joining the SHG; change in the confidence level; change in the knowledge on health and hygiene issues; influence over economic resources; woman’s mobility, participation in the community development activities, participation in elections</td>
</tr>
<tr>
<td>3</td>
<td>Equity and gender roles</td>
<td>Decision-making; influence over other decisions pertaining to the welfare of the family; participation in elections; moving away from the traditional gender roles</td>
</tr>
<tr>
<td>4</td>
<td>Management and leadership skills</td>
<td>Conducting meetings; setting the priorities; reviewing the performance and functioning of SHGs by VO; monitoring mechanisms in place at VO level; resolving conflicts; knowledge and skills gained through trainings; mechanisms for information exchange</td>
</tr>
<tr>
<td>5</td>
<td>Linkages with the community structures such as PRI, AAAs, and VHSNC.</td>
<td>Developing networks and interactions with other members of the community; negotiating and lobbying to access welfare schemes, rights and entitlements; participating in the meetings discussing issues of larger interest that would benefit the community; working in tandem with the community structures to see that the neediest people are benefited.</td>
</tr>
<tr>
<td>6</td>
<td>Community’s perception</td>
<td>Awareness about the SHG and its core objectives; perception about women working outside the home; cooperation extended to the SHG members; change in the traditional household practices; respect of the woman’s views and advice in the household;</td>
</tr>
</tbody>
</table>
The analysis provides information to establish whether and to what extent membership in self-help groups and the consequent involvement in the various activities of the group have an impact on the social status and empowerment of the women members of such groups. Also, the study throws light on issues of managerial and leadership skills of SHGs and SHG federations. This information is important to develop capacity building plans to strengthen the social platforms, thus has practical significance. In addition, the study findings would help RGMVP to have documentary evidence of their efforts in developing the social platforms and in turn enhance their capacities to suit to the project context, and to develop strategies and approaches at different levels to implement UPBCM project.

3.3 Scope

Besides including the questions that covered components of empowerment process the study instruments also touched the following subjects:

1. Husband’s or senior household member’s awareness of the basic facts about the self-help group and its core objectives
2. Husband’s or senior household member’s perception about how the member’s association with the self-help group has affected the family
3. Husband’s or senior household member’s willingness to let the member continue and let the other women join her too
4. Cooperation extended by the husband to the wife with respect to the SHG
5. Husband’s or senior household member’s attitude towards the idea of women working outside home

3.4 Tools used to capture the information

The instruments used were

a. Focus Group Discussions (FGD): A structured guide was prepared to facilitate the focus group discussions with the SHG members. Each FGD had at least 10–15 participants from the same SHG and lasted for one and half hour to two hours. A total of 27 such FGDs were conducted, three in each block, and 259 women have participated. Since, it is important to collect demographic information from participants as they might be useful to correlate with the focus group findings. At the beginning of each FGD, 10–15 minutes time was devoted to collect the group member’s demographic profile by administering a structured format that includes information of their age, education, marital status, motivation to join SHG, influencers to join SHG, watching TV, listening to radio, reading newspaper, and their status in the family in terms of ownership of the house, having land in their name, earning member of the family and having a personal savings bank account

b. Open ended in-depth Interviews: This structured schedule was used to interview leaders and senior household members. 27 SHG leaders, 15 VO leaders, four BO leaders, and 27 husbands or senior household members were interviewed and each in-depth interview lasted for one to one and half hour. They were asked a series of questions about themselves, their enterprise, their family, household, and their community (past and present).

This study also relied on direct observations and informal discussions with the women which would give insights about women’s experiences, perspectives, knowledge, views, opinions,

14 Guidelines for conducting a Focus Group 2005 C Eliot & Associates
http://assessment.aas.duke.edu/documents/How_to_Conduct_a_Focus_Group.pdf
and understanding; an approach in line with what Michael Cernea (1991)\(^{15}\) has called “putting people first.” In-depth interviewing communicates respect to respondents by making their ideas and opinions (stated in their own terms) the important data source for the qualitative research.

The research team entered the field with a principle of full disclosure about themselves, the project and the purpose of the study in order to gain the trust and confidence of the people. RGMVP’s field officers and in some places the regional office staff provided immense support to reach out to the villages and to the SHG women. Face-to-face communication with the study participants was not a problem as the research investigators were proficient in speaking the local dialect. Apart from this, the research team also talked to number of village elders, women who were not part of SHG, ASHA, and AWW to understand their perceptions and experiences\(^{16}\). However, as Patton (2002)\(^{17}\) cautions, the study lead tried to be careful about drawing on the wisdom of the informed perspectives of key informants, keeping in mind that their perspectives are selective.

To capture the actual words of the persons being interviewed, the researchers used a tape recorder. Verbatim note taking was not possible given the depth and length of the interview sessions; using a tape recorder enabled the researchers to give full attention to the respondents, build up eye contact and rapport and also be reflexive in terms of framing and reframing the questions in accordance with the responses and their emerging categories.

The researchers listened supportively to the respondent’s narratives; the women gradually shared their experiences, views and opinions and revealed some of their innermost anguishs and aspirations in the course of the sessions.

After completing the field work, the taped interviews, which were in the local dialect, were transcribed verbatim and then translated into English and typed out. \textit{Atlas ti} software was used to analyze the qualitative data that was collected for this study.

**3.5 Sample Size**

The following table gives a complete picture of the sample size of the study. The villages and the SHGs were selected through purposive sampling method based on the age of SHG, maturity, and the number of SHGs present in a village including Purva (Hamlet). Purposive sampling was used to recruit the sample in order to focus on particular characteristics of SHGs which will best enable to answer the research questions. Within the purposive sampling, homogeneous sampling techniques were employed as SHGs share similar characteristics or traits and are well placed to be part of the study.

Sample size is an important consideration because it determines the extent to which the research can make different types of generalizations (Onwuegbuzie & Leech 2005b)\(^ {18}\). In general, sample sizes in qualitative research should not be too large that it is difficult to extract thick, rich data. At the same time, as noted by Sandelowski, the sample should not be too small that it is difficult to achieve data saturation (Flick, 1998 & Morse, 1995)\(^ {19,20}\).


\(^ {16}\) As a study lead, I have met and interacted with them during village visits.

\(^ {17}\) Qualitative research & evaluation methods: \url{http://www.scribd.com/doc/44478053/Patton-2002-Qualitative-Research-and-Evaluation-Methods-3e}

\(^ {18}\) Onwuegbuzie, A.J, & Leech, N.L. 2005b: \textit{The Role of Sampling in Qualitative Research}, Academic Exchange Quarterly, 9, 280-284

\(^ {19}\) Flick, U. 1998: \textit{An Introduction to Qualitative Research}; \textit{Theory, Method, and Applications}. London: Sage

\(^ {20}\) Morse, J.M. 1995: \textit{The Significance of Saturation}, \textit{Qualitative Health Research}, 5, 147–149
The table below gives a brief overview of sample unit and selection criteria followed to select the sample.

**Table 3.1: Sample Unit and Selection Criteria**

<table>
<thead>
<tr>
<th><strong>Universe</strong></th>
<th>SHGs less than three years old and more than three years old</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State</strong></td>
<td>Uttar Pradesh</td>
</tr>
<tr>
<td><strong>District/Block</strong></td>
<td>Districts/blocks in the learning phase with the maximum numbers of SHGs of more than 3 years old or less, and the presence of BLA was selected</td>
</tr>
<tr>
<td><strong>Villages</strong></td>
<td>Villages with a large number of SHGs more than 3 years old and less than 3 years old were selected. If there is more than one habitation with groups over 3 years old, the sample covered more than one habitation</td>
</tr>
<tr>
<td><strong>SHGs</strong></td>
<td>Within a selected village, the SHG was selected based on purposive random sampling method</td>
</tr>
<tr>
<td><strong>Members</strong></td>
<td>From each of the selected SHGs, 8–10 members were selected for focus group discussions. SHG leaders and husbands of the SHG women were selected for in-depth interviews from the other SHGs in the village that were not part of the focus group discussions.</td>
</tr>
</tbody>
</table>

Since no qualitative analysis accounts for all of the observational data in equal measure, we had generalized the data while interpreting it using "Analytic Generalization" and "Conceptual Generalization." The goal was not to generalize to a population but to obtain insights into a phenomenon, individuals, or actions, so the groups were selected purposefully. ‘Analytic generalization’ is a two-step process. The first involves a theoretical construct, or theoretical sequence of events. The second involves applying the same theory to implicate other, similar situations where analogous events also might occur.21 On the other hand, ‘Conceptual generalization’ specifies what can be expressed taking into account graphical limitations and allow for transferability which essentially refers to the other situations and contexts where results are most likely to be relevant as possible22

### Table 3.2: Details of the sample

<table>
<thead>
<tr>
<th>District</th>
<th>Block</th>
<th>Gram Panchayat</th>
<th>Village</th>
<th>SHG Name</th>
<th>SHG Age (Yrs)</th>
<th>Name of VO</th>
<th>Name of BO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardoi</td>
<td>Ahirori</td>
<td>Jamuniya</td>
<td>Lodhan Ka Purva</td>
<td>Pooja</td>
<td>1.9</td>
<td>Swatantra Mahila</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Atuwa</td>
<td>Parneu</td>
<td>Nayajeevan</td>
<td>1.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vajidpur</td>
<td>Semra</td>
<td>Vishwas Mahila</td>
<td>1.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jhansi</td>
<td>Babina</td>
<td>Chamrauwa</td>
<td>Chamrauwa</td>
<td>Santoshimata</td>
<td>2.6</td>
<td>Rani Lakshmibai</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lahar Thakur Pura</td>
<td>Lahar Thakur Pura</td>
<td>Arti</td>
<td>2.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Manpur</td>
<td>Manpur</td>
<td>Ramroop</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sultanpur</td>
<td>Baldirai</td>
<td>Bhavani Shivpur</td>
<td>Uchawa</td>
<td>Jaishankar</td>
<td>5.6</td>
<td>Pooja Ekta Mahila</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nisasin</td>
<td>Mahoodpur</td>
<td>Yasodhara</td>
<td>6.3</td>
<td>Mahatma Gandhi</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mahuli</td>
<td>Pure Man Pandey</td>
<td>Geetha</td>
<td>6.2</td>
<td>Vikas</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dubepur</td>
<td>Dhammour</td>
<td>Lakshmi</td>
<td>5.9</td>
<td>Vishwas</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maniyarpur</td>
<td>Rajapur</td>
<td>Bajrang</td>
<td>5.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maharajganj</td>
<td>Ghughli</td>
<td>Ahirauli</td>
<td>Ahirauli</td>
<td>Durga</td>
<td>2.9</td>
<td>Jyothi</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bariya</td>
<td>Sirsia</td>
<td>Mahalakshmi</td>
<td>1.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Belwa Tikar</td>
<td>Belwa Tikar</td>
<td>Jai Mata Di</td>
<td>2.10</td>
<td>Unnati</td>
<td></td>
</tr>
<tr>
<td>CSM Nagar</td>
<td>Musafir Khana</td>
<td>Kanjas</td>
<td>Murain Ka Purva</td>
<td>Jai Bajrang</td>
<td>7.6</td>
<td>Jai Durge</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kochhit</td>
<td>Kochhit</td>
<td>Ma</td>
<td>6.6</td>
<td>Deep</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Palia Purab</td>
<td>Saraiya Talukededra</td>
<td>Unnati</td>
<td>9.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rae Bareli</td>
<td>Rahi</td>
<td>Bhadokar</td>
<td>Bhadokar</td>
<td>Hans</td>
<td>4.5</td>
<td>Jyothi Shakti</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Godwara</td>
<td>Godwara</td>
<td>Jai Maa</td>
<td>6</td>
<td>Ughta Suraj</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Madhupuri</td>
<td>Madhupuri</td>
<td>Santoshi</td>
<td>3.2</td>
<td>Deep</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dhanpalpur</td>
<td>Dhanpalpur</td>
<td>Bade Baba</td>
<td>4.11</td>
<td>Ujala Shanti</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hullapur</td>
<td>Shivpal Singh</td>
<td>Bhole Baba</td>
<td>5</td>
<td>Radhe Krishna</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lakhanapur</td>
<td>Ramaiapur</td>
<td>Ambika</td>
<td>5.1</td>
<td>Jeevan Jyothi</td>
<td></td>
</tr>
<tr>
<td>Banda</td>
<td>Tindwari</td>
<td>Parsaunda</td>
<td>Parsaunda</td>
<td>Aakash</td>
<td>2.6</td>
<td>Maa</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pipargawan</td>
<td>Pipargawan</td>
<td>Sooraj</td>
<td>1.11</td>
<td>Sherawali</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gokhrahi</td>
<td>Gokhrahi</td>
<td>Roshani</td>
<td>2.7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Chapter IV

Findings of the Study

The findings in the following sections are presented in a manner that reflects the thematic analysis where the themes were created prior to data collection. The parameters studied under each theme were grouped together and discussed showing higher order categories that have emerged from the organization and analysis of the data. The researchers spent lot of time in reading and re-reading the text to understand data and ensure that the data are correctly categorized. While categorizing the data, other themes were identified that served as sub-categories. The data was resorted into small, and more defined categories as it allowed for greater discrimination and differentiation. As mentioned in the methodology section, the information collected for the profile of the respondents was organized into a display of tables and graphs that will help others to clearly see the meanings and conclusions drawn from the data. Also, the SHG process followed by RGMVP is represented in the form of a diagram that was understood through this research study.

4.1 Findings

4.1.1 SHG members: Profile of the respondents

At the beginning of each FGD, 10–15 minutes were devoted to collect the group members’ demographic profile by administering a structured format questionnaire to obtain the following information:

- age
- education
- marital status

23 "http://www.ehow.com/how_7700603_analyze-data-qualitative-research.html"
● motivation to join SHG
● influencers for joining the SHG
● TV watching behaviour
● listening radio
● reading newspaper
● status in the family (ownership of the house, land, earning member, and having a personal savings bank account).

259 SHG women's profiles were collected and presented in this section.

**Age**
Most of the SHG members were young, in the age group of 26–35 years. 15 percent were in the age group of 18–25 years. Nearly 29 percent were in the 36–45 years age group. 14 percent were between 46 and 55 years. Very few women (seven percent) were above 55 years. This suggests that most of the SHG members were in the productive age group. This can lead to higher impact on their households.

<table>
<thead>
<tr>
<th>Age</th>
<th>N=259</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18 years</td>
<td>1</td>
<td>0.38</td>
</tr>
<tr>
<td>18–25 years</td>
<td>40</td>
<td>15.44</td>
</tr>
<tr>
<td>26–35 years</td>
<td>90</td>
<td>34.74</td>
</tr>
<tr>
<td>36–45 years</td>
<td>75</td>
<td>28.95</td>
</tr>
<tr>
<td>46–55 years</td>
<td>36</td>
<td>13.89</td>
</tr>
<tr>
<td>&gt;55 years</td>
<td>17</td>
<td>6.60</td>
</tr>
<tr>
<td>Total</td>
<td>259</td>
<td>100.00</td>
</tr>
</tbody>
</table>

**Education**
52 percent of women were illiterate and 20 percent literate but had no formal education. 22 percent had secondary education and only two percent had higher education. The average age of women who had studied up to primary or more was 35 years. This indicates that young women were more inclined towards studies. The level of education of SHG members is an important characteristic for the functioning of the group. Education will impact maintenance of records, linkages with banks, and so on.

<table>
<thead>
<tr>
<th>Education</th>
<th>N=259</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illiterate</td>
<td>133</td>
<td>51.36</td>
</tr>
<tr>
<td>Literate but no formal education</td>
<td>53</td>
<td>20.46</td>
</tr>
<tr>
<td>Up to primary</td>
<td>56</td>
<td>21.62</td>
</tr>
<tr>
<td>Up to secondary (10th and 12th)</td>
<td>12</td>
<td>4.63</td>
</tr>
<tr>
<td>Up to higher education (U.G. and P.G.)</td>
<td>5</td>
<td>1.93</td>
</tr>
<tr>
<td>Total</td>
<td>259</td>
<td>100.00</td>
</tr>
</tbody>
</table>

However, a few SHG members desired to continue their education and had taken loans to meet the costs of higher studies. Education is an effective instrument for bringing about change in the attitudes and aspirations of people. These women had high aspirations, and said:

“I have studied intermediate. After joining the group, I have taken loan and studied B.A.”

“I would like to study further; I have studied M.A in Social Science and would like to do Ph.D.”
Marital Status
The marital status of the SHG members was also ascertained during the study, which was analyzed and shown in the table below. 91 percent of women were married and nine percent were widows. There was no deserted woman. Most of them lived in a joint family. An important finding is that most women in the age group of 26–35 years said that they were married before 18 years of age.

<table>
<thead>
<tr>
<th>Marital status</th>
<th>N=259</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently married</td>
<td>236</td>
<td>91.13</td>
</tr>
<tr>
<td>Divorced/separated</td>
<td>1</td>
<td>0.38</td>
</tr>
<tr>
<td>Widows</td>
<td>22</td>
<td>8.49</td>
</tr>
<tr>
<td>Total</td>
<td>259</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Reasons for joining the SHG
The study found that the context within which the SHGs emerge is the interrelated factors of poverty, gender inequality; social and economic deprivation. Though RGMVP facilitates the process of group formation, the women expressed different reasons for joining the group and they very well understood the concept of SHG. The diverse responses of the SHG women are represented in a given below diagram. It is evident that the women have a strong urge towards credit and savings which is an important motivational factor for them to join SHG. 38 percent women said that they had joined SHG to start or take part in internal lending while 27 percent said that they want to save money regularly. 19 percent women felt that it was an opportunity for them to meet other women and 17 percent women joined SHG to generate income. Prior to the SHG, most of the families were taking loan from moneylenders at very high rates of interest (about 10 percent per month) and they used to mortgage ornaments, household items, and land. To end this exploitation, the women thought of joining SHG.

Figure: 4.1: Reasons for joining the SHG
**Member influenced the respondent to join the SHG:**
The below graph shows that most women joined the SHG on their own. Apart from the member herself, it was mainly the husband who had been the major influencer of her decision to join the group. Other family members such as mother and sister had a minimum influence and the father’s influence seemed to be negligible. This graph clearly indicates that the rural, poor women’s aspiration to change their lives by joining the SHG.

![Figure 4.2: Member influenced the respondent to join the SHG](image)

**4.1.2 Thematic Analysis**
Thematic analysis is the most common form of analysis in qualitative research. It focuses on examining themes within the data. This method emphasizes organization and rich description of the data set. Thematic analysis goes beyond simply counting phrases or words in a text and moves on to identifying implicit and explicit ideas within the data. As described in the methodology section, six themes were created prior to the data collection. These themes provided direction for what to look for in the data. Each theme consisted of a number of parameters that were analyzed and presented here as main categories and subcategories. The six themes that were analyzed as follows:

1. Quality of SHGs
2. Empowerment processes
3. Equity and gender roles
4. Management and leadership Skills
5. Linkages with the community structures such as PRI, AAAs, and VHSNC
6. Community perception

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24 Introduction to Applied Thematic Analysis - [http://www.sagepub.com/upm-data/44134_1.pdf](http://www.sagepub.com/upm-data/44134_1.pdf)
1. **Quality of Self Help Groups**

The parameters studied under quality of SHGs include
- **Time spent in SHG meetings;**
- **Frequency of the meetings;**
- **Setting the meeting agenda;**
- **Issues discussed in the meetings;**
- **Recording the meeting minutes;**
- **Availability of records and registers.**

The data revealed that members meet regularly in a day and time convenient to them and pool their savings into a common fund from which they take need-based loans. Weekly meetings are essential because it is easier to save smaller amounts frequently rather than saving a large amount at one time. Also, the meetings:

- Provide a regular and frequent opportunity for SHG members to interact with each other.
- Inculcate discipline.
- Provide scope for regular financial transactions, such as saving, lending loan and interest repayment.
- Allow for periodic monitoring and follow up of loan repayment
- Provide an opportunity for the capacity building of the members and for developing their communication skills.
- Provide a forum for identifying, discussing and taking up community action programmes.

SHG members spend half an hour to one hour time in the weekly meetings. Most SHGs conduct group meetings after 11.00 a.m. This can be attributed to the fact that rural women are usually free at that time after completing the household work.

Meeting together each week and a weekly saving by the poor members are two basic steps. The meeting together gives each member a new identity. The poor women who have so far been voiceless and powerless leading to a sense of hopelessness soon realize that they are no more alone. They start seeing a new meaning and purpose to life. They start sharing their problems in the group and social issues are discussed. A new relationship of trust and togetherness develops in contrast to the former state of loneliness. Thus, the process of “social development” is initiated.

The weekly saving, however small it may be, brings in a financial discipline in the members. Once they have made a commitment to save and start at it, they push themselves to work more and raise more resources to keep their commitment. It develops in them the attitude that says, “I can do it.” This triggers the “economic development” process.

Apart from weekly meetings, the SHG women also convene special meetings to discuss any urgent issues or to undergo training. However, some groups have reported conducting meetings twice in a month and few others said conducting meetings according to their convenience due to other priorities, (especially during the times of harvest) but
savings are collected from the group members on a weekly basis. They have also reported conducting meetings in the night if they cannot meet during day time. SHG members belonging to older groups spend more time in conducting weekly meetings compared to SHG women of newer groups. The SHG women mainly conduct meetings at the member’s house on a rotation basis so that all the members will have an opportunity to hold meetings at their door step.

Also, it was observed that irregular group meetings are taking place in places like Hardoi, and Maharajganj though the reasons were not specified. Compulsory attendance of members in the meetings is a pre-requisite for the smooth functioning of the group. It is one of the indicators that ensure the active participation of members in the group. There are instances of absenteeism as few women said that members are absent sometimes, and they send their savings through their children.

The women in SHGs discuss various issues in their weekly meetings. Given below is a glimpse of the issues discussed in the weekly meetings:

**Credit and savings:** We discuss about lending, CCL, motivate other women to join the group, how to do savings, how to increase the income, types of business to do and so on. We discuss about loan transactions such as who needs how much money, who wants to take loan and how much, and for what purpose. After the transactions are done in the group, everybody’s signature will be taken. “Ajivika Sakhi” gave us training on loan transactions and informed us to take loans from the group and start some business or invest in livestock to increase our income. “Bank Linkage Sakhi” told us how to operate a bank account, how to withdraw money, and how to avail loan from the bank. She also informed us about opening a bank account.

**Health:** Information is provided on care during pregnancy and child immunization; Skin to skin care; information on adolescent girls’ health. Pregnant women do not consume iron tablets and throw them away; hence, we make them understand the benefits of consuming iron tablets. Information is also given about general health; Asha Bahu also visits us and tells us to go to hospital for delivery, hygiene practices to be followed during home delivery, and Janani Suraksha Yojana.

**Social issues:** Should not encourage child marriages, child labour should be banned, dowry should not be taken and purdah system for women is not good. We discuss these issues in our meetings. We also discuss issues like identifying poor families and eradication of poverty. Discussions are also held on the importance of children’s education, especially educating the girl child.

**Hygiene:** Should keep the surroundings clean; cut the nails; house should be kept clean; wash hands with soap after defecation; keep the child clean; after children defecate, wash their hands with soap; children’s clothes should be washed with soap.

The Self Help Groups maintain books of accounts and records; the research investigators validated the information provided by the members by physical verification. The study team found over writings in the books. From informal discussions with the group members, two reasons emerged.

- Corrections due to delayed payment of few members
- Inadequate experience of both paid and unpaid book writers.
Books and accounts are needed because they promote accountability within the SHG and to external world. Moreover, when an SHG grows big in terms of numbers and size of transactions, it is difficult for members to mentally keep track of all the transactions that have been made. They are also necessary for linkages with other institutions such as banks.

A lot of capacity-building inputs were provided by RGMVP to the individual members as well as the groups to bring about qualitative changes in the attitude of the women that leads to promote cohesion and effective functioning of the group. The whole process is slow and no spectacular results are seen immediately. The findings revealed that almost all the SHGs received training on the concept of group formation, importance of saving, importance of conducting weekly meetings as well as training on income generating activities. They are also trained on issues of health, farming, and solar energy. The SHGs at Banda, Hardoi and Maharajganj reported receiving very few trainings probably because they are newly formed groups. The meeting procedures and processes, intensive training and handholding, are designed to enable SHGs to function in a participatory and democratic manner.

The SHGs are not only concerned with savings and credit but also seek to involve in issues of health, education, address social issues, and community development. This process helps them to gain confidence and results in active participation in various development activities. Thus the objectives of the SHGs go beyond savings and credit, and include the overall development of members in the social, political, and economic arena. However, the SHGs take part in community development and other issues beyond credit and saving after they have stabilized as a strong group and all the group processes are taking place regularly. In other words, this stage of the SHG is called as ‘mature stage’ and the groups can be called as ‘credit plus’ groups.

The older groups in RGMVP, that is, SHGs that are more than three years’ old are taking part in community development, addressing social issues, and creating awareness of health and education among the group members. These SHGs can be found in the learning phase blocks like Rahi, Baldirai, Dubepur, and Sareni. The SHGs in CSM Nagar block are also moving towards ‘credit plus’ but need handholding to be involved in community development activities with confidence. The groups in Banda, Maharajganj, Hardoi, and Babina are still at nascent stage and need time to stabilize, and considering the fact that the UPBCM is a time-bound project, RGMVP should aim at providing intensive inputs to these groups in order to bring them on par with the other groups.

“Formation of SHG turned our lives around. We began with saving money and now resolve domestic and village-level issues. Specialized meetings, trainings and exposure visits organized by RGMVP raised our confidence,” recounts Rajkumari, SHG leader. “I have realized that self help is the best form of help, and we believe that under RGMVP, we have rediscovered our potential.”
The case study below serves as an example of SHG women’s efforts towards addressing social issues which reflects their concern towards the well-being of the poor and marginalized.

**SHG women to fight the menace of alcoholism..................**

“Alcoholism is a menace in our society and it is very difficult to do away with it,” says one of the women in SHG during a focus group discussion at Kanjas village. The SHG women in all the study villages are facing this problem and fighting to improve their plight. They have realized the ill-effects of alcoholism and its socio-economic implications as they put it “our husbands drinking habit made our lives miserable.” The women also said that their husbands spend most of their daily wages on drinking alcohol. However, things are changing slowly after formation of SHG. Women feel that they cannot tolerate it anymore and it’s time to talk to their husbands and make them realize the ill-effects of alcohol. A few women felt that they could not address the problem as they lack power and they should approach the Gram Pradhan and share their concerns of alcoholism in the village and urge him or her to take necessary action against the problem.

Being part of the SHG, these women want to become role models for others. “If our husbands will not listen to us, how we can tell other women to fight the menace of alcoholism. If somebody gets drunk and misbehaves, we would protest against him. Once a village leader (Thakur) got drunk and tried to molest a woman, who was the mother of an SHG member; we approached him as a group and warned him. After that the leader never misbehaved with the women in the village.” Though the women have not taken up it as an issue to protest in a big way, they have a strong desire to overcome the problem.

2. **Empowerment Processes**

The concept of empowerment is defined as the process by which women take control and ownership of their choices. The core elements of empowerment have been defined as agency (the ability to define one’s goals and act upon them), awareness of gendered power structures, self-esteem, and self-confidence (Kabeer, 2001)²⁵.

The study looked at empowerment in the limited context of a woman’s membership of the SHG and not the larger context of her being a member of the society. The change of context also entails a change in indicators used. For example, when speaking at the level of the entire society, the indicator of political power is the women’s percentage share in parliamentary seats whereas at the level of a SHG, the participation in local rural polity becomes more relevant.

As described in Chapter II, six components of empowerment were identified through literature review and were analyzed in this study. They are as follows:

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The data was further analyzed to identify sub-categories under each component that were discussed in detail in this section.

1. **Influence over economic resources of the family and participation in decision making:**
   
   A woman member’s influence over the household’s economic resource has been defined here as her participation in and her *ability to influence the decisions to access loan; purpose of loan taken; share in household income last year; house improvement and repairing, and purchase of durables and occupational assets.*

   The data showed mixed responses from the women. Though most women said that they decide along with their husbands about taking loan from the group, some of them are influenced by their husbands and other members in the family. A few women said that they cannot decide to take loan without husband’s consent; if they did, they would be beaten by their husbands. This reflects the existence of unequal power relations and gender discrimination within the family and the programme implementers should acknowledge this fact and try to bring in gender elements in all of their trainings.

   The women in SHG attribute their economic independence to their membership in SHGs and approve joint decision-making by both husband and wife. In their words:

   “A cycle has two wheels; it would run only if wheels work together. If both wheels go in different directions, the cycle would not run. In the same way, if husband and wife do not walk together then there would be problems in the house. My son is studying in 10th class. In the evening, when we all sit together, we ask him about my participation in SHG and he says it is good.”

   It is evident from the data that the women in SHGs have a greater say in the household decision-making in terms of the purpose of loan taken, house repair and asset building. They
have a larger presence of earning members and the average share of such members in the family income is also higher. This means that they often have an important contribution in the family finances and hence, have sound power over the economic resources. Women’s preferences carried greater weight (compared to households where either men received the loans or in households where no loans had been received) in determining decision-making outcomes including fertility levels, the education of children as well as total consumption expenditure.

Below quotes by the women indicate that there are multiple benefits of SHG, including economic.

- **There was no hope for even a single rupee, we could not send our children to school; Now everything is happening here because of our small savings; we are sending our children to school.**

- **We can overcome the poverty by saving money; now we are in a position to lend money to others**

- **When we go to big people’s house to ask for money, we have to listen to them. We cleaned their cowsheds, cleaned utensils and did all sorts of work for them to get money. Now we don’t have to go anywhere or listen to anyone. We are self-reliant now.**

“I keep my money in my account and do not give it to my husband. I run the house in my own way and don’t give money to anyone. I use it for children’s education. Sometimes I buy a sari and sometimes use it for agriculture. Whatever amount remains, we secretly deposit it in the account and do not inform the husband.” – SHG leader during an in-depth interview

What has been observed here is that micro-credit through the group approach has resulted in quite a few benefits: savings mobilized by the poor women, access to the required amount of credit, and using loans for consumption and the betterment of the family is helping them to be self-reliant.

**2. Influence on her own development as an individual:**

A woman member’s influence over her own growth as an individual has been defined here as her **ability to decide to start her own micro-enterprise or income generating activity; decision-making within the household; Educational attainment – whether she has the freedom to join an adult learning program (if illiterate) or add to her existing educational status (if literate).**

One of the most important findings is the emergence of women’s identity and their empowerment through SHG. Another aspect of understanding SHG and women’s assertion is the growing contribution to their household’s livelihood. As a result, most of the respondents said that their control over their own lives has improved and they have a greater role in making decisions about themselves than before. RGMVP gives training to them on latest technologies in agriculture, animal husbandry; some of them were also trained in tailoring. The women decide what type of income generating activity they can take up based on the resources available in the locality.

The decision-making ranged from making decisions about expenditure on food and household budget to more important decisions like children’s education, decision of women to work outside the home, when sons and daughters marry, to purchase and sale of major assets. However, the distribution of power is different in different geographical locations with men making decisions on some issues and women taking decisions on some other issues.
Within the family, the purchase of food and other items of household consumption and decisions related to children’s health appear to fall within the women’s arena whereas decisions on education, marriage of children and market related transactions in major assets tends to be the male domain.

During informal discussions, though women admitted that men should be consulted on all issues, they took decisions themselves. It was a common practice to avoid open confrontation while still taking decision and sometimes even manipulating the men-folk and taking independent decisions. The re-negotiation of the power relations within the family are about changes in the informal decision-making, with the women opting for private forms of empowerment, which retain the public image of the man intact within the current norms of the society.

It appears that a very large number of respondents are not able to read newspaper, which is understandable as most of them cannot read or write. But, many women realized the importance of education and are aspiring to study further. There are incidents of a few women taking loan from SHG to complete higher studies.

The below figure shows the number of women who can read newspaper, listen to radio, and watch TV. This information was collected from 259 women as part of the profiles of the respondents before conducting the focus group discussions. It is evident from the analysis that only three percent read the newspaper regularly and 14 percent read occasionally. Rest 83 percent never read the newspaper. 72 percent women never listened to radio, 19 percent women listened to radio occasionally and only 16 percent regularly listen to radio. The analysis also shows that only 17 percent women watch TV regularly, 19 percent watch occasionally, and 64 percent never watched TV.

**Figure 4.4: Read Newspaper, Listen Radio, Watch TV**

“Many women in the group have learned to write their names. In our group, only one woman does thumb impression, rest of us can write our names. After joining the group, lots of changes occurred within us.” – SHG women during the focus group discussion.
Below is Shakuntala’s story, who feels that the SHG has given her a new life and she is encouraging many women to join the group to gain multiple benefits that helps them to lead a good life.

**Shakuntala, the change maker!**

*Shakuntala is a woman of great will power and determination. Her story in her words*

My name is Shakuntala and I am from Dehriya village. I am the secretary of “Suraj Mahila Gram Sanghathan” and president of “Prashant Mahila Block Samuh.” I lost my father when I was nine months old. My mother got married again and I wasn’t taken care of well as my stepfather and grandparents didn’t like me. I was raised by my maternal grandparents; I have studied till 8th standard, got married at the age of 12 and went to the in-laws house at the age of 18. Within a year I gave birth to a baby girl. My husband doesn’t work or do anything to run the family. My father-in-law is old and cannot work. My mother-in-law died long time ago.

I will have to do the entire household work and go to field to work over there. Ever since I joined the SHG in 2008, there has been no looking back. I used to attend the meetings regularly. We used to save Rs. 20 per week. Slowly, I have started interacting with other women in the group and being part of the group gave me confidence of facing the challenges in life. I have learnt stitching and bought a sewing machine with the loan taken from our SHG and started earning money. I repaid my first loan and took Rs. 5,000 to open a shop in my village. As I started earning more money, I took another loan and bought a cow and goat; I have seven goats, four cows and a calf now and I get good income by selling milk. I am happy the way I came up in life except that there is no change in my husband. I am sending my children to school and I want them to study well so that they will not have to face problems like me. *Especially, my daughter should do something with her life; have a better life than me.*

All this happened because of the group and the support they have provided to me. I talk to everyone, listen to their problems and offer solutions. This way, I have earned goodwill in the group and when the Village Organization was formed in our village, all the SHG women selected me as a secretary. I used to attend several meetings outside my village and the exposure helped me develop self-confidence and self-esteem and I continued helping our SHG women. Later, in 2010, when block organization was formed, our SHG women selected me as block president. I have many responsibilities now and I am successfully managing my tasks with the help of our SHG women. There are 13,000 women who were part of SHGs in our block and I encourage many more women to join SHG and I tell them my story to motivate them join SHG. I tell them “I was very poor and had nothing. Group members supported me a lot and the group is everything to me.”

3. **Participation in local polity and in socio-political decision-making:**

A woman member’s influence over local polity/participation in socio-political decision-making has been defined here as her involvement or participation in the formation of SHG (if she is one of its founder members) or in the expansion of its membership base (if she joined later); The SHG meetings and its political activities (such as, elections) and commercial activities (such as interaction with the banks, RGMVP, other SHGs); The meetings of village panchayat or grama sabha to present an issue concerning the village community; and the panchayat elections as a voter or a candidate.
Women who have a long term association with the SHG usually go to other villages to form SHGs. It is one of the important components of the SHG formation that the established groups should actively engage in motivating the left-over poor and join them in SHG. The SHG members and leaders are trained on group formation. They have described the process of group formation:

"First meet the village chief. Explain the purpose. Talk to him and ask about the poor people living in the village and seek his support to organize the poor. Don't enter directly into anybody's house; Talk to them in a friendly manner; first walk around the village and find out how many poor people are living in the village. Poor people would be living in huts and their children don’t wear good clothes."

The respondents said that they travel to far off places to form SHGs. In the beginning, they used to travel in a group of two to three. Now they travel alone and are not scared. Usually, these women share their personal experiences of the multiple benefits gained through SHG and the change it has brought within them. In their words:

"Even go to Hardoi, Rai Bareli, Unnao; Also went to Hyderabad to learn about group formation and after coming, I have started going to different places to form SHGs."

They have realized that membership of SHGs lessens monetary pressure occurring out of sickness, expenditure on wedding ceremonies, death of the bread winner and loss or seasonality of employment. It can also help in meeting expenditures that are an integral part of daily life: expenses on food, clothing, health, schooling and so on.

As far as the internal meetings of the SHGs are concerned (village level and block level), all of them said that they had an opportunity to attend these meetings. However, when it comes to interacting with other important local bodies such as banks, mostly the leaders of SHGs, Village Organization and Block Organization participate in them.

Because of SHG, women know about their local political institutions such as the gram panchayats and have better knowledge of where to report certain types of grievances. In most cases, the women perceived themselves as now having significant influence over decisions in the political life of village especially the Village Organizations, and in a smaller number of cases, the women named their participation and influence in village political life as an important and note-worthy change. However, in general, opportunities available to the women to participate in village life were limited as most of the village processes are still male-dominated.

All the women are active voters and participate in elections. Some SHG women contested in the panchayat elections as pradhan and ward members and won. Two women contested in panchayat elections from Parneu, and Bhadokar. Suraj Kumari, gram pradhan of Godwara, is an SHG woman. In future, more women want to be candidates in the panchayat elections.

4. Influence over other decision pertaining to the general welfare of the family:
A woman member’s influence over other decisions pertaining to general welfare of the family has been defined here as her participation in/influence on the following decisions: With respect to all members – which doctor or health facility to consult; which whether or not to use birth spacing methods, etc; With respect to children only – whether the children, especially the girl child should be sent to school, whether to send the young children to the anganwadi, what kind of food the child should eat and so on.

In general, women are inclined to utilize a greater amount of their earnings on the family and domestic expenses, consequently an increase in women’s income have a greater effect on family welfare. Out of 259 SHG women interviewed, most of them said that both husband
and wife decide together on matters related to the general welfare of the family, especially birth spacing methods. While a few women said the couple together decide on the use of birth spacing methods, a few said that only the husbands decide. Very few women said that their mothers-in-law also influence the decision of birth spacing method usage.

The women in SHGs were very comfortable talking about issues related to birth spacing during the focus group discussions. This might be due to their exposure to the SHG and related activities that they take part and their access to information. The analysis indicates that SHG women play important role in deciding to use birth spacing methods. When probed about which method they prefer to use, most of them said they prefer ‘sterilization’ instead of using birth spacing methods, whereas others said that they prefer ‘oral contraceptive pills,’ ‘IUD’ and ‘injections’ as a birth spacing method. Very few women said they prefer that their husbands use ‘condoms.’

It is interesting to know that all of them were aware of the importance of ‘small family’, and most of them had two children. As they said:

“Two children are enough. Everything is very expensive these days, and if we have more than two children, it is difficult to raise them and we cannot even send them to school. So, most of us had undergone operation after having two children.”

**Awareness and preference to access health services for the new born child**

Since the SHG women will be given inputs on maternal and newborn health in UPBCM project, the researchers found out which health facilities the women would prefer to use and tried to understand the levels of awareness and knowledge of SHG women on maternal and newborn health.

Women prefer going to government hospitals, that is, PHC, as they can avail of services at a nominal cost and get free birth registration of the child. They can also make use of the benefits of the government schemes for the girl child in case of institutional delivery at government facility.

If the child is severely ill and the condition is not improving at the government hospital, they prefer to go to private hospitals. However, during informal discussions the women said that they seek immediate help from “Jhola-chap doctor.” In cases such as during emergencies (child becomes sick in the night), rainy seasons, when no transport is available, and when there is shortage of money they do approach these “doctors.” For the vaccination of the new born child who is born at home, ASHA will accompany the family members to take the child to PHC. Otherwise, children are vaccinated in the village during regular immunization sessions.

It was observed during the FGDs that the SHG women were well aware of the health services and they do not want to take risk of treating the health problems of the child at home so they prefer going to the hospitals. They also talked about the care practices of the new born child. Earlier the SHG women used to follow the practices such as applying oil to the cord, cutting the cord with sickle, and bathing the child immediately after birth, which they don’t practice anymore. The below quote by the SHG women during the FGD shows their awareness, knowledge, and change in practices of newborn health.
“Pehle delivery ghar mein hoti thi, delivery ke baad hasia se naal kaatte the, saas (mother-in-law) kandde jala deti thi, aur usi mein naal ko jala diya jata tha. Bachhe paida hone par unhe mitti se nahlaya jata tha. Pati 10 dino tak patni ko dekh nai sakta tha; lekin ab badla vaaya hai, garbhvati aurato ka khana paan ka dhyan rakhta jata hai.” (Earlier, the delivery took place at home. After the delivery the umbilical cord was cut by sickle and then it was burnt in the fire using cow-dung cake. The new-borns were cleaned with the mud. The husband could not see the wife and the child for 10 days. But things have changed over a period of time. Now the pregnant women are more aware about their health and foods to eat during pregnancy.)

“Navjat ke dekhbhal ke liye thand mein unki garam pani se sikai karte hai, jukham hone par seene par vicks lagate hai, sarson ka tel ki maalish karte hai. Zyada takleef hone par doctor ke paas leke jate hai.” (To take care of the new born in winters, they are warmed up using hot water; if they are suffering from cold and cough, then Vicks is applied on their chest; and the body is massaged with the mustard oil. If they are severely ill, they are taken to the doctor.)

However, there were mixed responses about breast feeding the child immediately after birth though they were aware of the importance of immediate breast feeding, few women think that breast milk is not good for the child. They were also under the opinion that the women cannot produce breast milk immediately after the delivery. SHG women during the Focus Group Discussion said about exclusive breast-feeding:

“Training se pehle navjat ko paani pila dete the, sochte the bachhe ko pyas lagi hogi, lekin ab 6 mahine tak ma ka doodh hi dete hain.” (Before the training, we used to give water to the new-born child thinking that he or she must be thirsty; now we give only mother’s milk for six months.)

**Awareness and preference to access health services for pregnant women**

The analysis showed that all the pregnant women generally prefer to access the public health services at the local PHC because they are free of cost and they can also avail of benefits of the government health schemes. However, women expressed dissatisfaction about the quality of care, attitude of the health care providers, lack of facilities to stay, and demand for money for institutional deliveries (It was evident from the mothers that the doctors demand Rs.1,100 for institutional delivery). In spite of these problems, women want to avail health services at the public health facilities to access government schemes, which are beneficial to their children, especially girls.

The experiences of women, having access to emergency transportation were different in different locations where this study has been conducted. For example, in Nigoliya (Sultanpur), 108 ambulance services are very prompt and reach the village within 20 minutes to take the patient to the hospital. This is a free service and the women in this village utilized the services. In Madhupuri (Rae Bareli,) the SHG women arranged a van for emergency transportation for pregnant women to go the health facility.
In places like Jhansi, the government health schemes for pregnant women were not implemented properly. Although the free ambulance services are present, to use them money is demanded; to conduct deliveries doctors demand money, which the pregnant women are unable to pay. So, they opt for home delivery where there is a possibility of risk to the life of both the child and the mother. The research team met two ASHA workers here and they said that it was a usual practice in this area and many times they conduct the deliveries at home.

Many SHG women said that they give loans to the members who are pregnant and want to access health services at private health facilities. These women want to go to private health facilities because of non-availability of health care providers during emergencies, and lack of public health facilities to treat emergencies. The pregnant women also avail services at the Anganwadi Center during the Village Health and Nutrition Days. They will be given TT immunization, Iron Folic Acid tablets, and food, though the women said that the food given at the Anganwadi Center is not tasty and sometimes infested food is given to them and the supplies are irregular.

Almost all the SHG women send their children, including girls, to school. They felt that sending girls to higher education was risky as the educational institutions are located far from the villages and there is no transportation facility. So, many girls end up studying until 8th standard and get into household work and get married. In most cases, sending the girl children to school is decided by both husband and wife.

The SHG women did not express a good opinion about sending children to the Anganwadi Center. They said that the centers are located at one corner of the village and parents don’t like to send small children to far off places. In Chamrauwa, SHG women said

“We don’t send our children to Anganwadi because they do not provide good quality food to our children. They give ‘Panjiri’ to our children and after eating the food, our children fall sick. So we are not sending our children.”

5. Increased interactions with other members of her group and community:
A woman member’s increased interaction might lead to increase in her social circle, other women in the community may see her as someone who is important and instrumental, she may have the ability to influence the behaviour of others, and be a guide or counselor to those who may seek her advice.

Participation in the group allowed women to share common experiences and support each other as a group. They understand each other’s view point and problems. Interaction with other women resulted in building congenial relationships which in turn helped them to articulate their problems, improve their self-confidence, and has ensured fewer conflicts. It has also had the multiplier effect of spreading the SHG movement. Awareness of health related issues, hygiene and sanitation, have also increased as a result of training programs and their participation in the related activities. Women who had so far been hesitant and inhibited have slowly shed their reserve and stepped out of the four walls of their homes to acquire an individuality of their own.

The interactions of the SHG women are not limited to the members alone. They also interact with other women in the village and inform them about SHG activities and motivate them to join the group. A majority of the women said that their advice and views are respected more now than before. Since the time they joined the group, there is a change in the number of people approaching them for advice and they feel that this is because of their association with the SHG made them important for others in the community.
Now, most of the SHG women feel that they get more respect not only in the village but their own family members treat them more respectfully. People of the village now invite them for social and community functions. As one of the SHG women summed up:

"Now our family members value our opinion whereas earlier they had no use for it. They encourage us and support us in our activities. Now we are respected in the society and have a definite identity in society. Family members think of us as working women and encourage us in our work. Family members seek our opinion in many of the family decisions."

6. Improvement in the technical and managerial skills of members:
A skill is a specific ability to do something well. These abilities may be practical, technical or managerial. In the context of this study, a woman member’s technical and managerial skills were taken to consist of *skills learnt to take up certain on-farm or non-farm income generating activities under the auspices of the SHG; to moderate an SHG meeting; to resolve conflicts among the SHG members; and change in the knowledge on health and hygiene issues.*

The women in SHG from older blocks are trained by RGMVP on latest agricultural technologies, animal husbandry, and managing the livestock especially goats. Since many of them hold small lands, they work in their own farms and engage in growing vegetables and taking care of the crops. Few women even took loans from the group and bought the land to grow crops, and there also instances of women taking land for lease for farming purpose. The women also sell milk to a dairy farm and generate good amount of income. Some are managing poultry farms and dairy farms as well.

The group formation brought out the hidden talent and leadership qualities among the members. The leadership trainings and continuous inputs provided by RGMVP helped the leaders to moderate the meetings successfully. The leaders have good understanding of the processes of moderating the meetings and ensure that all the group members attend the meetings and actively participate in the discussions. The VO leaders and BO leaders have the ability to address a group of people on a specific issue, for example on how to access government welfare schemes and on the importance of educating the girl child.

Self Help Groups and Village Organizations are grass-root level democratic institutions of rural people. Decision-making plays an important role in managing these institutions. Being institution of people, conflicts are bound to be there in the management of their day-to-day activities. Most of the SHG women said that they haven’t faced major conflicts within the groups or with other groups but stated that a few incidents related to repayment have occurred which resulted in conflicts among group members. Since the groups function on the principles of collaboration and mutual help, they follow the same principles to resolve the conflicts. If the SHGs are not able to resolve the conflicts by themselves, they seek help from the Village Organizations and Village Organizations in turn seek help from the Block Organization.

The SHG women have also learnt new skills through the training programs which enhanced their awareness and knowledge of health issues and improvements in their managerial skills. Women from the older groups have a great deal of experience with meetings and banks due
to longer term interactions with them. The knowledge gained through health-related trainings include care seeking of pregnant women and newborns, good practices to be followed for newborn care, institutional delivery, immunization, and personal hygiene and sanitation. An important aspect of skill development is whether the skills are really useful to the members. Almost all of them felt that their newly acquired skills have benefited their families. Hence, many are willing to learn further and add to their present skill set.

“Earlier, we were not aware of health and hygienic practices; hence, we used to fall sick frequently. We used to borrow money from the money lender at 10 percent interest rate, and to repay we had to mortgage our belongings. But after joining the group we got knowledge about health and hygiene and as a result diseases and infections got reduced.”

The analysis of empowerment processes reflects that economic empowerment of women through SHGs led to the empowerment of women in many things such as socio-economic opportunity, political participation, social equity, family development, and community development. Gains in self-confidence and self-esteem amongst the women, enhanced capacity to articulate their needs and an increased respect in the household gave a new identity to them. Self-help groups have facilitated the formation of social capital, where people learn to work together for a common purpose in a group or organization. Empowerment has thus helped women to realize their identity, capability, strengths and power. Below diagram summarizes the process of empowerment.

Figure 4.5: Conceptual diagram showing the process of empowerment (adapted from Sahu & Singh26)

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3. **Equity and Gender Roles**

‘Increased savings,’ ‘improved knowledge,’ ‘increased participation in household decision making,’ ‘gaining respect in family,’ ‘independence,’ ‘confidence’ were some of the words expressed by the SHG women when we tried to understand equity and change in the traditional gender roles.

It is known that SHGs utilize savings as a base to extend credit to the poor women. Women’s participation in SHG gave them means to escape from several constraints they face in day-to-day life. They have gained respect and trust in the family and society and were able to plan for the future of their families. As a result, there is a visible change in equity and gender roles of the SHG women that led to increased mobility, freedom to choose an economic activity, work outside the family, and participation in local polity. The researcher tried to show these findings conceptually how all these could have happened. Their perception of improvement in different domains was obtained during the focus group discussions and depicted as before and after joining SHGs for all the domains. The spiral diagram below shows the change in gender roles of women before (red line) and after (green line) joining the SHG. It was graded from zero to five in each of the five arms of the spiral diagram. Zero being the least and five being the best.

**Figure 4.6: Spiral diagram showing position of women before and after joining SHG**

![Spiral diagram showing position of women before and after joining SHG](image-url)
After joining the SHG, women had better access to credit facilities and increased income which helped them to contribute to the household expenditure. This has resulted in increased respect and dignity among their family members which was lacking previously because they were unable to earn. Though the women had better decision-making in their families, yet the crucial decisions were taken with the consent of the entire family. Increased earnings, economic security and better decision-making after joining SHG had improved the abilities of all the women to make small purchases of personal use and that of their households like groceries, and stationeries. Most of the SHG women were not able to decide independently to do major purchases such as land and livestock; and expenses related to child’s education, marriage or buying assets. Husbands have a firm upper hand in decisions on these expenditures.

All the participants in this study perceived freedom in their mobility after joining SHG as they were involved in income-generating activities and were managing their routine outdoor activities independently. Some of the respondents, especially the leaders, were capable of travelling alone even to long distances, which was previously unheard of, for example, to meet the bank officials, to conduct trainings to SHG women, and to go for exposure visits.

Self-confidence is one of the important indicators of empowerment. Continuous capacity building by RGMVP and regular savings increased SHG women’s earnings, improved their purchasing ability and decision making in the family. All these in turn had improved confidence of SHG members and thus were able to influence others.

However, the inequities that exist at the household level need to be addressed by the program implementers. Ownership of the house, status in the family in terms of earning, having land in their name, and having a personal savings bank account are some of the important indicators to measure equity. The analysis of these indicators are shown in the given below tables that shows major gaps that are to be addressed in future.

### Table 4.4: Ownership of the House

<table>
<thead>
<tr>
<th>Ownership of the house</th>
<th>N=259</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self or jointly with others</td>
<td>37</td>
<td>14.3</td>
</tr>
<tr>
<td>Husband</td>
<td>137</td>
<td>52.9</td>
</tr>
<tr>
<td>Father-in-law</td>
<td>85</td>
<td>32.8</td>
</tr>
<tr>
<td>Total</td>
<td>259</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The ownership of house, which may be ancestral handed down from generation to generation, may not change much as a result of SHG membership of a woman. It should be pointed out that the percentage of those owning the house or having a share in its ownership is higher in the older SHGs. Husbands have prime ownership of the house followed by the fathers-in-law. Only 14.3 percent of SHG women said to own a house either on their name or jointly owned by both the husband and wife. Ownership of the house is a strong indicator of social status and it can be concluded that the SHG women directly bear the consequences of social inequality without having ownership of the house.
Table 4.5: Status in the Family

<table>
<thead>
<tr>
<th>Status</th>
<th>N=259</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earning member</td>
<td>143</td>
<td>55.22</td>
</tr>
<tr>
<td>Non-earning member</td>
<td>116</td>
<td>44.78</td>
</tr>
<tr>
<td>Total</td>
<td>259</td>
<td>100.00</td>
</tr>
</tbody>
</table>

45 percent of the respondents were non-earning members of their families, whereas 55 percent of the respondents were either chief wage earners or other earning members of the family. Most of the earning members belong to the older SHGs that were formed more than three years ago. In most of the cases where the SHG member herself was not the chief wage earner, that position was occupied by the husband. Compared to the younger SHGs, in the older SHGs, more women are earning members in their households. This may be because most of the older SHGs have already reached a stage where they have accumulated enough savings from members that can be invested in income generating activities or have completed a few training programs enabling the members to earn on their own.

Table 4.6: Having land in their name

<table>
<thead>
<tr>
<th>Having land in their name</th>
<th>N=259</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women have land in their name</td>
<td>34</td>
<td>13.13</td>
</tr>
<tr>
<td>Women do not have land in their name</td>
<td>225</td>
<td>86.87</td>
</tr>
<tr>
<td>Total</td>
<td>259</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Land represents a fundamental asset to the rural families in India as it is a primary source of income, security and status. 87 percent of the SHG women do not have land in their name. This might be due to inheritance laws or traditions that approve inheritance of property by a male member of the family. Whatever might be the reason; this situation could make the SHG women vulnerable to shocks though there is a positive change in the economic conditions through credit and savings.

Table 4.7: Having personal savings bank account

<table>
<thead>
<tr>
<th>Having personal savings bank account</th>
<th>N=259</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women have personal savings bank account</td>
<td>105</td>
<td>40.54</td>
</tr>
<tr>
<td>Women do not have personal savings bank account</td>
<td>154</td>
<td>59.46</td>
</tr>
<tr>
<td>Total</td>
<td>259</td>
<td>100.00</td>
</tr>
</tbody>
</table>

What is surprising is that the habit of saving with a bank has not taken roots in most of the SHGs. An important indicator of being practically empowered is whether the SHG member is sufficiently aware of the basic banking operations and can handle her savings account on her own. As for the awareness of the core purpose of a bank, more Old Group members are aware.
The SHGs brought changes in the traditional gender roles played by the women and the family members support it, for example when women have to travel to different places to form SHGs, attend meetings and trainings. The social impact of the SHG increased involvement in decision-making, awareness about rights and entitlements, increased expenditure on family well-being. There is a change in the attitude of male members of the families, and within family, the respect and status of women has increased.

However, gender discrimination is most deeply entrenched in the family, evident in attitudes towards the gender-based division of work, roles and responsibilities as well as ownership of the house and inheritance of land. Gender discrimination in the household is often mooted in patriarchal attitudes that value the social status of men over women. Tradition is not the only factor determining the decision-making within families. Every family is unique, and there is no simple set of rules that can explain the dynamics of household decision-making. Nonetheless, the major determinants that influence decision-making include control of income and assets, age, and access to and level of education.

Gender biases in property and inheritance laws and in other channels of acquiring assets leave women at greater risk of poverty. The consequences of exclusion from owning a property or assets can be even more direct, particularly when a marriage breaks down or the husband dies. Hence, there is a great need to support the SHG women in acquiring assets which help them to have long-term benefits, and not limited to credit and savings and livelihood activities. As a program implementing agency, RGMVP should give major thrust to these issues at the time of forming the groups and incrementally build capacities of the group members.

The case study describes the gender inequalities that the SHG women face at the household level.

There is not a drop of water to drink..............

Chamarua is one of the economically backward villages in Jhansi. This region is known as Bundelkhand, where the rains are scarce and the groundwater is depleting year after year. This village is situated on a hillock, the people are largely illiterate, and caste determines the social status in the community.

Despite the tough odds, a few determined women got together to form a SHG with the support of RGMVP. Though their economic conditions are improving with the savings and credit, they couldn’t address the water problem they were facing. They bear the burden of collecting clean drinking water for their families from a well located down the hillock, and spend at least four hours a day on the task. The hand pumps have been out of order for a long time. Every year, many families seasonally migrate to nearby cities because of water scarcity. Women often complain of headache and back pain as they carry water in three to four vessels at a time.

The SHG women said “We get up early in the morning and go to the well to fetch water. It takes a lot of time as we will have to wait for our turn and we carry water with both the hands and two vessels on our head. Sometimes, in a hurry to reach home, women often fall down. If we are unwell, then our daughters take up the task of carrying water from the well. Those who don’t have daughters, the task of carrying water will be given to the sons. When there is nobody at home for some reason and if the women are unwell, then the husband takes up the task of fetching the water.” This situation not only reflects the tough living conditions of the women but also the gender discrimination that they face within the family.
4. **Management and Leadership Skills**

The parameters studied under management and leadership skills are:

- conducting meetings;
- setting priorities;
- reviewing the performance and functioning of SHGs by VOs;
- monitoring mechanisms in place at VO level;
- resolving conflicts;
- gaining knowledge and skills through trainings;
- exchanging information.

Many women felt that they were more confident after joining SHG and organized several meetings with government officials and other leaders in the village. They have become so courageous that even for small community problems that they approach the concerned officials directly to avoid delays in addressing the problems.

“Good leadership helps to bring out the best in everybody”

The Village Organization in Dhammour village wanted to construct a permanent office to run its activities. They bought a piece of land and started the construction. One of the farmers in the village threatened them stating that the land belonged to him. The VO leaders showed him the documents related to the purchase of the land, but the farmer wouldn’t agree because he was a ‘Thakur’ and a powerful person in the village. The VO leaders approached the Gram Pradhan but his involvement did not help them. Then the VO leaders approached the police and requested for help. The police did not pay attention to the issue and things did not change. The VO leaders decided to approach the police again, but this time as a big group. They assembled the entire SHGs of Dhammour, explained them the situation and all of them went to the police station and questioned the police for not taking action against the farmer. The police could not ignore the case as the SHG women acted as a ‘pressure group’ to get the problem addressed.

Finally, the police visited the village and warned the farmer against troubling the VO leaders. They also informed the VO leaders that they could approach them at anytime for help. Now, the office construction is going on smoothly and the VO leaders are confident of completing the construction soon. This incident has created ripples in the village and many women were excited to share the information with the researchers.

The VO leaders said “We believe in our collective strength.”
The leaders at all levels showed confidence of moderating the meetings. VO leaders and BO leaders explained the processes they follow while moderating the meetings such as setting the priorities, reviewing the performance of SHGs, getting the list of eligible people to access government welfare schemes and entitlements, participating in village development activities, reviewing the meeting minutes of the previous meeting to see if any pending activities were completed. The VOs exhibited advanced leadership skills in coordinating and collaborating with the SHGs, exchanging information with SHGs and BO leaders, resolving conflicts within the groups and between the groups, and negotiating and lobbying with the local leaders to get things done that are beneficial to the larger community.

The leaders underwent several trainings that helped them enhance their leadership skills, and went for exposure visits to Tamil Nadu and Andhra Pradesh to learn from other SHGs. The training programs helped them to learn new information and strategies for confronting problems, ability to supervise the groups and ability to motivate and empower the group members. The leaders, especially the BO leaders, have also developed skills in planning village development activities, and engaging in advocacy activities.

“It is just a beginning; A long way to go.” – BO leader, Sareni.

However, the following mechanisms were not very clear:

- information exchange (except the monthly meetings and through phone calls)
- monitoring at VO and BO level
- performance review of the functioning of SHGs and VOs.

Though the VO leaders have basic skills in monitoring SHGs (such as verifying the pass books, checking if regular savings is happening and verifying the records and registers), when asked about systematic review, planning and monitoring, the leaders couldn’t say much; this indicates that training programmes need to be organized more often to build new skills and to refresh and update the skills learnt before.
5. **Linkages with the Community Structures such as PRI, AAA, and VHSNC:**

The parameters studied under this category included:

- development of networks and interactions with other members of the community;
- negotiating and lobbying to access government welfare schemes and entitlements;
- participation in the meetings and discuss issues of larger interest that would benefit the community;
- work in tandem with the community structures to see that the neediest people are benefited.

SHG members undertook many community activities which they earlier could not have imagined themselves to have done. They participated in several social initiatives like cleaning the village pond, construction of roads, and drains, and addressed the problems of electricity and water supply. They could engage in these activities because they know that they will have to approach panchayats to report certain grievances. From the in-depth interviews of VO leaders, it appeared that they have earned goodwill in the community, and the gram pradhans consult them while sanctioning the widow pensions, issuing BPL cards, MNREGA job cards and so on.

The SHG women also take up advocacy activities especially BO leaders. “Now we are much more confident in our dealings with government officials, bank officials, electricity board officials, medical officers, the revenue officer, health scheme officials etc. We also participate in elections. Moreover, we make use of the various government welfare schemes available.” said a BO leader.

Women who have barely completed their schooling, who could earlier barely step out of their houses to talk to government officials or other village men, are today stepping out and caring for themselves and their communities with confidence.

Though the VO leaders established good working relations with the panchayats in many places, same was not reported regarding working with AAA and VHSNC. Some of the SHG women said that they mobilize women and children during Village Health and Nutrition Day for health services, but beyond that they couldn’t tell their association with either AAA, or VHSNC. Few SHG women said that ASHA behen attends the group meetings and orients them on health issues. Few ASHAs were also members of the SHGs which they felt it as an added advantage to know more information about health issues. Most of the SHG women expressed dissatisfaction with the way Anganwadi centers were functioning, and they were not in favour of sending their children to the Anganwadi center. Very few women said having a working relationship with the Anganwadi worker. None of the women seemed to have an understanding about VHSNC.
6. Community’s Perception

The community’s perception was studied using the following parameters:

- awareness about the SHG and its core objectives;
- perception about women working outside home;
- cooperation extended to the SHG members;
- change in the traditional household practices;
- woman’s views and advice are respected in the household.

This section also describes the perceptions of the husbands of SHG women about their wives participation in SHGs.

The community’s perception was studied as their opinions serve as a valuable supplement to the diverse responses expressed by the SHG members. The community members for this study were randomly selected during the transect walk in the village. In general, the community knows that the main objective of the group is collecting savings though they were not much aware of the group activities. Many confirmed having a familiarity of existence of the SHGs in their villages but the data from Hardoi, Jhansi, Maharajganj and Banda revealed that the community was not aware of the women’s participation in village development activities. In places like Rae Bareli, Sultanpur, and CSM Nagar, communities seemed to generally respect the opinion of SHG members because they were united and serious in their efforts. This can also be attributed to the longer term association of the women with the groups. A retired English lecturer at Dhammour said,

“I never thought that women of our village, that too women from the schedule caste can step out of the homes and come into public in the form of SHG. It is a welcome change. People should not trouble or harm them, if not support them.”

An interesting development is that the husbands, unlike earlier, are now encouraging women to step out of their houses to work and participate in these social and community events. Whether this is a welcome change or not needs to be understood. It has to be also understood why they are doing so. A reason they could be doing so is because of the increased household incomes and ready access to credit as a result of the women’s participation in the SHG. It is no surprise therefore that most of the respondents are willing to let their wives continue to be with the SHG. Also, many of the SHG women’s husbands are associated with RGMVP programmes and this might have helped them to enhance their understanding of SHG and resulted in providing support to them. It seemed that, going beyond mere expressions of willingness, the husbands have been getting involved in helping the wife with her SHG related responsibilities as well as with the household work.

In the individual interviews, women frequently described their husbands as being appreciative of their involvement in SHGs. Apart from the member herself, it is mainly the husband who has been the major influencer of her decision to join the group.
Chapter V
Summary and Recommendations

5.1 Summary

The summary provides a cursory look at the findings and the analysis in general and current situation of SHGs, VOs and BOs, and few insights on their role in maternal and newborn health.

Participation in SHG has resulted in the individual development and growth of a woman by increasing the following:

- her influence in decision making in the household;
- her mobility and interactions with other members of her group and community;
- her awareness and knowledge of various social, economic and health issues.

Access to credit is helping in expansion of material base of women by enabling them to engage in income generation; the women also experienced ‘power within’: feelings of freedom, strength, self identity and increases in levels of confidence and self-esteem. However, gender discrimination is most deeply entrenched in the family, evident in attitudes towards the gender-based division of work, roles and responsibilities as well as the issues of ownership and inheritance of land.

Women in SHGs developed motivation that can lead to a stronger personal identity and self worth. Long-term association also provides the member a chance to give back, to help others, and to acquire leadership skills. It gives the members new opportunities for achieving self-growth, increasing self-esteem, contributing to the community and acquiring a sense of purpose. Women mentioned that they have found a new individuality through the self-help groups. Therefore the study concludes that social platforms have huge potential to change the social norms at the community level as SHG processes are leading to empowerment of women. However, some SHGs are in nascent stage, and the operations require to be intensified in order to gradually take them into the fold of other SHGs.

5.1.1 Self Help Groups

- The research team received an overwhelmingly positive picture of the work of SHGs. The atmosphere and level of motivation seemed to be very good both in individual groups and among the leaders, barring few newly formed groups.

- SHGs in Rahi, Sareni, Baldirai, and Dubepur are moving gradually through the establishment and consolidation stage. Many SHGs in these blocks are in the mature stage and may not need handholding from RGMVP; the VOs and BOs can deal with any problems. What they may need is more specialist technical support regarding the economic activities, or assistance in lobbying at a higher level for the community or within society as a whole.

- SHGs have shown that they are useful tools for empowerment at individual and group level. Members feel that their understanding of local issues, their involvement in decision-making has improved. They have had an opportunity to tackle economic and social problems. Their attitude towards life has become more positive.
Leaders play a crucial role in SHGs. However, the approach to internal decision-making and leadership varies widely as was seen by differing views of rotation.

The groups provide a base for skills development, agricultural diversification and specialisation, and awareness on health.

Communities generally respect the opinion of SHG members because they are united and serious in their efforts. Lobbying by SHGs seems to work best at this local level. There was little evidence that lobbying can be done at higher levels without significant support from RGMVP. If SHG activity goes beyond the local level, that is a big achievement. Another way of putting this is to say that, in the main, SHGs are working with immediate rather than strategic issues.

5.1.2 VOs and BOs

VOs have advanced in all locations – as informal or formal groupings of SHGs in a village. Leaders and other members meet in the cluster to share experience of managing groups and to discuss wider problems of the community. By contrast, BOs (defined as a body uniting several clusters, with formal and significant staff or financial resources) – have only been created in a few locations where the SHG programme is quite mature.

VOs consider themselves as “Peoples institutions” as they represent 10 to 15 SHGs, and they see strength in the numbers. They have the ability to coordinate with other leaders in the village and address the unjust practices like women abuse, and casteism. As an institution, the VOs deal with the bank officials and government officials to leverage welfare schemes.

VOs and BOs provide SHG members an opportunity to operate within a wider network, exchange information and experience at a higher level. There is a need for leadership development programs to help them meet their responsibilities and take up emerging opportunities.

VOs and BOs enhance the ability for SHGs to access grants and credits. In some places, they are taking social mobilization to a new level and strengthening the community’s capacity for lobbying.

5.1.3 Role in maternal and newborn health

Though it appears that the SHG women are aware of maternal and new born health, the research investigators could not get a sense of the practices at home as this study was not meant to explore them.

Since the main focus is on credit and savings, women are not sure of giving individual attention to discuss health issues. A focused and guided discussion on maternal and new born health is needed.

The SHG women first complete their usual business of loan transactions in meetings and in the end, discuss health issues. This result in lack of attention by many women as they might be thinking of their children at home or in a hurry to head back home to catch up with the work.
- Increased knowledge of health is evident in many SHG groups, but if it is leading to increased interactions at home and in turn resulting in behavior change or not, needs to be explored.

- Group meetings are the only mechanism that exists currently to discuss the health issues. There is a possibility that the women may tend to forget or don’t pay much attention due to other priorities. To reinforce the issues/messages discussed in the group meetings, it is good to devise other mechanisms to reach out to individual households by the SHG women to target individual behaviors and to identify the influencers at the household to bring practice changes.

**5.2 Recommendations to Strengthen the Social Platforms**

- Provide more information to the public on the activity of SHGs to promote inclusion and garner support.

- Strengthen the lobbying component within the social platforms at local and block level to focus on strategic issues that would benefit the wider community.

- Include representatives of local government in training and exchange programmes wherever possible. It helps in increased understanding of SHG activities and results in extending greater cooperation to SHGs in village development activities, and to leverage welfare schemes.

- It is important to train the women on skills that deal with their practical interests (such as health issues) and at the same time promote critical analysis that leads to independent thinking and decision-making. Organize the training programmes more often in order to build new skills and to refresh and update the skills learnt earlier.

- VOs emerged as important group leaders at the village level and their activities were noticed by many other leaders in the village. They can play a crucial role in creating an enabling environment in the village to bring changes in the family health behaviors by consciously working with these leaders.

- A combination of other inputs with micro-credit would increase its effectiveness in empowering women; for example, health, nutrition, and education programmes.

- Strengthen monitoring mechanisms at all levels, that is, SHG, VO, and BO, in order to improve the performance, and to ensure all members participate in the group activities.

- Newly-formed SHG groups need support in accounting, financial management and organizational development. Hence, capacity-building trainings of SHGs should focus on these issues.

- All the trainings for social platforms should include gender as a cross-cutting issue.

**5.3 Programmatic Recommendations**

- Group meetings are the only existing mechanism to discuss maternal and newborn health. Devise other mechanisms that would lead to increased interactions among women, for example, positive deviance approach.
 Since husbands are the main influencers (followed by mothers-in-law), for example in decision to use birth spacing methods, to achieve desired impact, the family as a unit must be targeted instead of targeting only pregnant women.

 A focused and guided discussion on maternal and new born health is needed.

 Systematic reinforcement of messages would create ripple effect and this could be one way of spreading messages to non-members.

 Involve “Jhola-chap” doctors in health education sessions as they seemed to be an immediate choice to seek treatment.

 Build relations with AWW and ASHA to leverage health services available in the village

 Optimize VHND to reach out to non-members and to provide health education

 Liaise or lobby with VHSNC to prioritize activities around maternal and newborn health

In this study, SHGs had played very important role in empowering women by strengthening their earning ability, boosting their self-confidence and promoting regular savings. Thus the participants had economic security, access to credit, better decision-making in the family, improved family environment, increased mobility and improved health knowledge. SHGs had provided women a common platform to discuss and solve their individual and community problems. They have also provided an opportunity to the women in their ability to express their feelings and have made them more confident to express themselves.

The program in various old blocks seems to be successful in reaching the poor. Importantly, there is evidence of increased household income, and this is a very significant indicator of impact. Standard of living of the SHG women have increased and also the food security at the household level. This detailed investigation of women with respect to the control of resources, changes in behaviour, and decision-making reveals that many strides have been made in the right direction and women are in the process of empowering themselves. But in some issues such as when to take loan and for what purpose, engagement to address village-level problems like lack of access to drinking water, and working in tandem with the community systems and structures, that is, panchayats, Anganwadi Centers, and VHSNC a lot needs to change to make women truly empowered. If women empowerment is to be pursued as a serious objective by RGMVP, greater emphasis needs to be placed on training, education and creating awareness in order to achieve a larger and more lasting empowerment.